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APPLICANTS

Arjen Bot, Vlaardingen, NETHERLANDS;
 Timothy John Foster, Bedford, UNITED KINGDOM;
 Leif Orjan Lundin, Bedford, UNITED KINGDOM;
 Barbara Margaretha Pelan, Vlaardingen, NETHERLANDS;
 Christel Karine Reiffers-Magnani, Vlaardingen, NETHERLANDS;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	NETHERLANDS	0	8	2

ADDRESS

UNILEVER INTELLECTUAL PROPERTY GROUP
 700 SYLVAN AVENUE,
 BLDG C2 SOUTH
 ENGLEWOOD CLIFFS, NJ 07632-3100
 UNITED STATES

TITLE

Spoonable water-continuous acidified food product

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit